

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035124

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

637

FILED SEP 23 1963

1. PLACE OF DEATH

a. COUNTY

Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in 1b

18 days

c. CITY

Clinton

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE The Ellis Fischel State Cancer Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Route #5

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Joseph

Middle

Britten

Last

White

4. DATE OF DEATH

Month

Day

Year

September 17, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Aug. 30, 1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

(Retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agricultural

11. BIRTHPLACE (City and state or country)

Henry County, Missouri

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Frank White

13b. MOTHER'S MAIDEN NAME

Zelpha Adkins

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv.)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hospital Records, Columbia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Atelectasis

INTERVAL BETWEEN ONSET AND DEATH

8 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Recurrent Carcinoma Perineum and pelvis.

11 mos.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-4-63 to 9-17-63 and last saw him alive on 9-17-63
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ronald M. Turner, M.D.

22b. ADDRESS

Ellis Fischel Cancer Hosp.

22c. DATE SIGNED

9/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-20-1963

23c. NAME OF CEMETERY OR CREMATORY

Bear Creek Cemetery

23d. LOCATION (City, town, or county)

Clinton, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Sept 18, 1963

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0109
2 0420
3
4 0
5 2
6
7 0
8 1
9 99.2
10
11
12 3-0
13 3-0

OCT 22 1963

8 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4013

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.